1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9800000303

1. Corporation Name

ORANGEWOOD MOBILE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

10 ORANGE STREET

DELAND FL 32724

Mailing Address

10 ORANGE STREET DELAND FL 32724

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90053 041 \*\*\*\*61.25



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2. Principal Place of Business			Mailing Address			3. Date Incorporated or Qualifed 01/16/1998	
21 Suite, Apt. #, etc.			Suite, Apt. #, etc.			4. FEI Number Applied For	
22			27			52 - 2 09 477/ Not Applicable	
City & State			City & State			\$8.75 Additional	
23			В			5. Certificate of Status Desired Fee Required	
Zip	Country	1==1	Zip	Country		6. Election Campaign Financing \$5.00 May Be	
24	25 29 30		1	Trust Fund Contribution Added to Fees			
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
				81	Nan	Name .	
RESNICK, MICHAEL L				82 Street Address (P.O. Box Number is Not Acceptable)			
			0				
1342 E. VINE STREET STE. 236 KISSIMMEE FL 34744			83				
( COUNTRIES				84	Cit.	City 85 Zip Code	
					City	FL	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE			W. F. St. WOTE. See	intered Ago	t alanah	ignature required when reinstating) DATE	
12.	Signature, typed or printed name of registered agent OFFICERS AND			13.	ic signate	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	D ·	DIN	DELETE	1.1 TITLE		Change Addition	
TITLE	CULPEPPER, DUDLEY			1.2 NAME		I LOCKIN KIICH	
NAME	10 ORANGE STREET			1.3 STREET		I VAIENCIACT.	
STREET ADORESS	DELAND FL 32724			1.4 CITY-S		T- 1 37704	
CITY-ST-ZIP	D		<b>₩</b> DELETE	2.1 TITLE	1-ZIF	Change MAddition	
TITLE			23,500.0	2.2 NAME		CARLENE LORTIE	
NAME	YERKES, ROBERT 6 TANGERINE COURT			2.3 STREE	TADDO	11 00000000	
STREET ADDRESS				2.4 CITY-S		-T. T. C. 20000	
CITY-ST-ZIP	DELAND FL 32724		DELETE	3.1.TTLE		Change Addition	
TITLE	D. DON			3.2 NAME		SCOTT FERGUSON	
NAME	BOUTON, DON			3.3 STREE	TANNO	201	
STREET ADDRESS							
CITY-ST-ZIP	DELAND FL 32724		□ DELETE	3.4. C/TY-5	01-ZIP	Change Addition	
TITLE	D DOUT DEWEY		_ occie	4.1 ((LE		LORREE Culpepper	
NAME	INGLE, DEWEY				t ADDOS		
STREET ADDRESS	1 SATSUMA COURT			4.3 STREE		サード ファケック	
CITY-ST-ZIP	DELAND FL 32724		DELETE	4.4 CITY-S 5.1 TITLE	1- ZP	ZP JE ANA F JE ZF  Change Addition	
TITLE	D		POPULLE	5.3 HAME		,	
NAME	SALTER, LILLIAN			5.3 STREE	T ADDDS	nnpess !	
STREET ADDRESS				5.4 CITY-S			
CITY-ST-ZIP	DELAND FL 32724		☐ DELETE	6.1 TITLE	1-ZIF	Change Addition	
TITLE			□ pere⊥e	6.2 NAME		3	
NAME				6.3 STREE	T &!!!!!	nnaes	
STREET ADDRESS							
CITY-ST-ZIP				6.4 CITY-S	11-ZIP	<u> иг</u>	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or or materials and that my name appears in the corporation of the corporation of the corporation or the receiver or trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99 404-134-001

Daytime Phone

2E037 (11/98)